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FACSIMILE COVER SHEET

Deliver to: Yigdall, M. Art Group: 2122
Company Name: USPTO
Facsimile No.: 703-872-9306 Date: April 4, 2005
From: Gordon R. Lindeen III, Reg. No. 33,192
Our Docket No.: 42390P9571 Number of pages including this sheet.
Application: 09/753,279 Filing Date: 12/30/2000

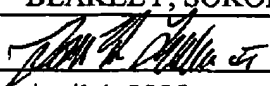
SubjectRemarks

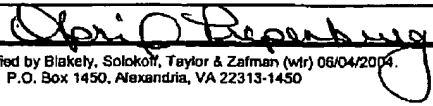
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/753,279
		Filing Date	December 30, 2000
		First Named Inventor	Gregory Hibdon
		Art Unit	2122
		Examiner Name	Yigdall, M.
Total Number of Pages in This Submission	21	Attorney Docket Number	42390P9571

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gordon R. Lindeen III, Reg. No. 33,192 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 4, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	April Piepenburg		
Signature		Date	April 4, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/753,279
Filing Date December 30, 2000
First Named Inventor Gregory Hibdon
Examiner Name Yigdal, M.
Art Unit 2122
Attorney Docket No. 42390P9571

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
45	46	0	\$0.00
Independent Claims	8	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	160	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify)

SUBTOTAL (2)

(\$)

SUBMITTED BY

Complete (if applicable)

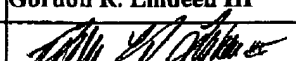
Name (Print/Type) Gordon R. Lindeen III Registration No. (Attorney/Agent) 33,192 Telephone (303) 740-1980
Signature *Gordon R. Lindeen III* Date 04/04/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		<i>Patent fees are subject to annual revision.</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 0.00		<i>Complete if Known</i>	
		Application Number	09/753,279
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		First Named Inventor	Gregory Hibdon
		Examiner Name	Yigdall, M.
		Art Unit	2122
		Attorney Docket No.	42390P9571

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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Name (Print/Type)	Gordon R. Lindeen III	Registration No. (Attorney/Agent)	33,192
Signature		Telephone	(303) 740-1980
		Date	04/04/05

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 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Our Docket No: 42P9571

APR 06 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hibdon, G.

Application No: 09/753,279

Filed: December 30, 2000

**For: Selective Expansion of High-Level
Design Language Macros for
Automated Design Modification**

Examiner: Yigdall, M.

Art Unit: 2122

RESPONSE TO OFFICE ACTION

**Mail Stop Amendment
Commissioner for Patents
P.O Box 1450
Alexandria, VA 22313-1450**

Sir:

In response to the Office Action mailed January 3, 2005, Applicant respectfully requests the Examiner to enter the following amendment and to consider the following remark.

Attorney Docket No. 42P9571
Application No. 09/753,279